

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212547832				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ALLEGHENY VENTURES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F1237686</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 800 CABIN HILL DRIVE</p> <p style="text-align: center;">CITY/ST/ZIP: GREENSBURG, PA 15601-1689</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD R SCHNEIDER TITLE: PRESIDENT ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD R SCHNEIDER TITLE: PRESIDENT ADDRESS: 76 SOUTH MAIN STREET CITY/ST/ZIP/CO: AKRON, OH 44308-1890	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME:	LEILA L VESPOLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP GEN COU		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
NAME:	JAMES G GARANICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, TAX		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
NAME:	DANIEL M DUNLAP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
NAME:	STEVEN R STAUB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
NAME:	K. JON TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST CONTROL		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
NAME:	HARVEY L WAGNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, CONTROLLER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
NAME:	JASON L LISOWSKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
NAME:	JOSEPH W Mulpas	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	76 SOUTH MAIN STREET		
CITY/ST/ZIP/CO:	AKRON, OH 44308-1890		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANIEL MDUNLAP	DANIEL MDUNLAP,	12/12/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			